

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	SW	32	10/20
FORMALITY REVIEW	C.V. LJ	50903	03/24/01
RESPONSE FORMALITY REVIEW	LI	1106	11/27/01
	SP	852	06-10-02

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	10/20	
2	✓	10/20	
3	✓	10/20	
4	✓	10/20	
5	✓	10/20	
6	✓	10/20	
7	✓	10/20	
8	✓	10/20	
9	✓	10/20	
10	✓	10/20	
11	✓	10/20	
12	✓	10/20	
13	✓	10/20	
14	✓	10/20	
15	✓	10/20	
16	✓	10/20	
17	✓	10/20	
18	✓	10/20	
19	✓	10/20	
20	✓	10/20	
21	✓	10/20	
22	✓	10/20	
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26	✓	10/20	
27	✓	10/20	
28	✓	10/20	
29	✓	10/20	
30	✓	10/20	
31	✓	10/20	
32	✓	10/20	
33	✓	10/20	
34	✓	10/20	
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36	✓	10/20	
37	✓	10/20	
38	✓	10/20	
39	✓	10/20	
40	✓	10/20	
41	✓	10/20	
42	✓	10/20	
43	✓	10/20	
44	✓	10/20	
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46	✓	10/20	
47	✓	10/20	
48	✓	10/20	
49	✓	10/20	
50	✓	10/20	

Claim	Final	Original	Date
51	✓	10/20	
52	✓	10/20	
53	✓	10/20	
54	✓	10/20	
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57	✓	10/20	
58	✓	10/20	
59	✓	10/20	
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96	✓	10/20	
97	✓	10/20	
98	✓	10/20	
99	✓	10/20	
100	✓	10/20	

Claim	Final	Original	Date
101			
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If more than 150 claims or 10 actions  
staple additional sheet here

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